BRIGHAM CITY RECREATION REGISTRATION FORM FOR

PREP PONYTAIL SOFTBALL

(7th, 8th & 9th)

Participant'	's Name:		
Address:		~	Grade:
Age:	_ (cannot be 17) S	School Name:	Grade:
Home Phor	ne:	Cell Phone:	
	Shirt size ((adult sizes) S, M, L, XL	(circle one)
		not provide any insurand s have coverage of their o	ce for participants. It is own, prior to registration.
hospital care tha	at may be rendered by a p		hereby consent to emergency medical or re may be given under whatever dependant.
♦ ♦ ♦ ♦ ♦ ♦ FEES:	* * * * * * * * * * *	* * * * * * * * * * * *	* * * * * * * * * * * * *
□\$35.00 Pon	ytail Registration (in	cludes shirt)	
□\$40.00 <u>after</u>	•	,	
	_ *	e Checks Payable to BCC	****
]	Players will be plac	ed on teams on a first co	ome first served basis
* * * * * *	· • • • • • • • • • •	* * * * * * * * * * * * *	• • • • • • • • • • • •
Softball conti written warni will specifica Knowing the Softball outwood child, I agree claims arisin participation. participating I furth documentary.	thorize my child to tains certain dangers ings or verbal instru- ally look for and in ese risks, I believe veigh any risk assoce to release Brighan ag from known, rea I further underst in any activity beyon her consent to allow to promotional, exclu- in any manner inci-	and inherent risks, partictions or engages in active instruct my children on that the benefits of my diated with this activity. In City Corporation and its sonable and/or inherent and that it is my respond his or her abilities. It was my child's picture or usive television, radio or	Softball. I understand Ponytail cularly if my child fails to follow vities beyond his or her abilities. I these dangers and warning signs. I child's participation in Ponytail Individually, and on behalf of my its agents and employees from all risks associated with my child's possibility to keep my child from likeness to appear in any official film coverage of the Recreation on in the activity herein, without
		Date:	
Signature of 1	Parent or Guardian		

I would be in	terested in:		
Coaching		Name:	
□ Assistant	Coaching	Phone	:
REFUNDS:	\$5.00 HANDLING FEE 75% REFUND IF REQ 50% REFUND IF REQ 0% REFUND IF REQU	IF REQUEST FOR REFUND IS UEST FOR REFUND IS MADE UEST FOR REFUND IS MADE JEST FOR REFUND IS MADE	MADE BEFORE THE PROGRAM BEGINS AFTER 1 ST WEEK OF PROGRAM AFTER 2 ND WEEK OF PROGRAM AFTER 3 RD WEEK OF PROGRAM

Staff Initials____